

GUNDERSEN
ST. JOSEPH'S
HOSPITAL AND CLINICS

Lewis Edward Byrd III
MRN: 000021258256

Department: St Joseph Emergency
Date of Visit: 8/13/2016

Provider Name

The providers you were seen by have not been specified.

Diagnoses

Diagnosis	Description	Comment
MVA (motor vehicle accident)	MVA (motor vehicle accident)	
Closed fracture of head of right radius, initial encounter	Closed fracture of head of right radius, initial encounter	
Malingering	Malingering	

Discharge Instructions

Make appointment with Orthopedics in Lacrosse early next week.
608-775-2276

GET HELP RIGHT AWAY IF:

- Your cast or splint gets damaged or breaks.
- You have more pain or puffiness (*swelling*) than you did before getting the cast.
- You have severe pain when stretching your fingers..
- Your fingers or hand turn pale, blue, or become cold or lose feeling (*numb*).

Follow-up Information

Follow up with **ORTHOPAEDICS LACROSSE** In 3 days.

Specialty: Orthopedic Surgery

Contact information:

1900 South Avenue

La Crosse Wisconsin 54601

608-775-2276

Additional information:

LA CROSSE CLINIC - LEVEL 2

Follow Up Orders

Order	Start	Status	Ordering User
08/14/16 0120	08/14/16 0000	Ordered	RADCLIFFE, NOEL A
Consult To Orthopedic Surgery			
Order Comments: Please note intra articular nature of fracture.			
Reason for Orthopedic Consult?: Fracture			
Body Location Affected?: Elbow			
Affected body location laterality?:			



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Follow Up Orders (continued)

Order id	Start	Right Provider: (Not yet assigned)	Status	Ordering User
08/13/1 6 2255	Unsche duled	LAB HEP B SURFACE AGN	Ordered	RADCLIFFE, NOEL A
08/13/1 6 2255	Unsche duled	LAB HEPATITIS C ANTIBODY	Ordered	RADCLIFFE, NOEL A
08/13/1 6 2255	08/13/1 6 0000	LAB HIV 1,2 ANTIBODY Status: Canceled I have reviewed the HIV testing information listed above with the patient?: YES	Canceled	RADCLIFFE, NOEL A
08/13/1 6 2158	Unsche duled	LAB HEP B SURFACE AGN	Ordered	RADCLIFFE, NOEL A
08/13/1 6 2158	Unsche duled	LAB HEPATITIS C ANTIBODY	Ordered	RADCLIFFE, NOEL A
08/13/1 6 2158	Unsche duled	LAB HIV 1,2 ANTIBODY I have reviewed the HIV testing information listed above with the patient?: YES	Ordered	RADCLIFFE, NOEL A

Changes to your Medication(s) List**Notice**

No changes were made to your medicine(s) during this visit.

The list of your medications is included above on this sheet. If the list is not correct, please contact your doctor's office.

IMPORTANT: You were examined and treated today on an emergent or urgent basis. This was not a substitute for, or an effort to provide complete medical care. In most cases, you must let your doctor check you again. If a follow-up provider has been recommended for you, it is essential that you make or keep the arrangements for follow-up care. Tell your doctor about any new or lasting problems. A copy of the record is available to the staff that will provide follow-up care. If you had special tests, such as an EKG or x-rays, we will review them again within 24 hours. We will call you if there are any new suggestions.

The staff at St. Joseph's Health Services hope that you have had a good experience with us. After you leave, you should follow the instructions you have received. If you do not understand any of these instructions or have any questions and/or concerns, we would be happy to assist you. If symptoms reoccur or worsen, call the St. Joseph's Health Services Emergency/Urgent Care at 608-489-8200.

For emergent assistance, please call 911.

MyCare Access Instructions

Manage your care online.

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MyCare Access Instructions (continued)

Sign up for MyCare today using this secure access code.

- Send messages to your doctor
- View test results
- Renew prescriptions
- Schedule appointments
- Once you've registered, you can download an app to access MyCare from your phone or tablet
- And more

How Do I Sign Up?

- Go to <https://mycare.gundersenhealth.org>
- Click on the **Sign Up Now** link under New User.
- Enter your MyCare Access Code exactly as it appears below. You will not need to use this code after you have completed the sign-up process. If you do not sign up before the expiration date, you must request a new code.

MyCare Access Code: 4NTC5-VMDTP-J9TPT

Expires: 10/13/2016 1:24 AM

Additional Information

Email: mycare@gundersenhealth.org

1-800-362-9567 x50303

MyCare is NOT to be used for urgent needs. For medical emergencies, dial 911.

Gundersen St. Joseph's Hospital And Clinics

400 Water Ave • Hillsboro, Wisconsin 54634 • 608-489-8000 • www.gundersenhealth.org/st-josephs

Future visits

Please bring these to your next visit:

- All current medicine(s) in original boxes, bottles and vials
- Insurance card
- Photo ID card

To change or cancel, please call 2 days (48 hours) before the scheduled time.

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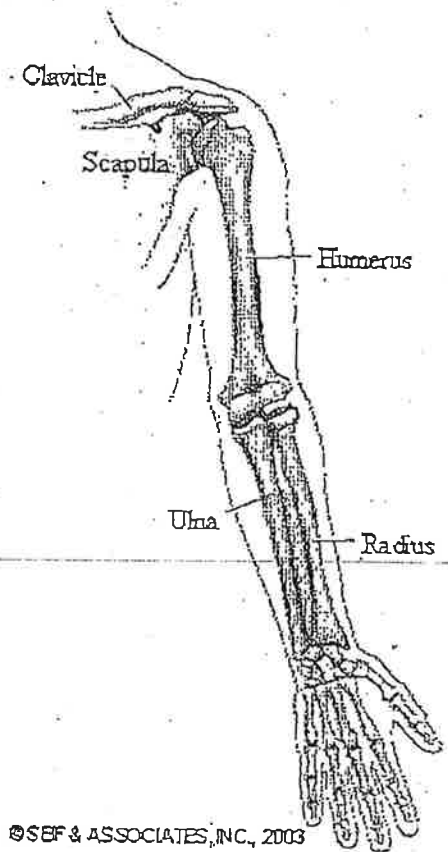
Additional Discharge Instructions

Radial Head Fracture

A radial head fracture is a break of the radius bone in the forearm. The radial head is the part of the bone near the elbow. These breaks often happen during a fall when you land on the outstretched arm.

HOME CARE

- Raise (*elevate*) the injured part while sitting or lying down.
- Put ice on the injured area.
 - Put ice in a plastic bag.
 - Place a towel between your skin and the bag.
 - Leave the ice on for 15-20 minutes, 03-04 times a day.
- Move your fingers.
- If you have a **plaster or fiberglass cast**:
 - Do not** try to scratch the skin under the cast.
 - Check the skin around the cast every day. Put lotion on any red or sore areas if needed.
 - Keep your cast dry and clean.
- If you have a **plaster splint**:
 - Wear the splint as told.
 - Loosen the elastic around the splint if your fingers become numb, tingle, or turn cold or blue.
- **Do not** put pressure on any part of your cast or splint. Rest your cast on a pillow for the first 24 hours.
- Protect your cast or splint during bathing with a plastic bag. **Do not** put the cast or splint in water.
- Only take medicine as told by your doctor.
- Follow up with your doctor. **This is important.**
- **Do not** over do exercises.



GET HELP RIGHT AWAY IF:

- Your cast or splint gets damaged or breaks.
- You have more pain or puffiness (*swelling*) than you did before getting the cast.
- You have severe pain when stretching your fingers.
- There is a bad smell, new stains or yellowish white fluid (*pus*) coming from under the cast.
- Your fingers or hand turn pale, blue, or become cold or lose feeling (*numb*).

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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Additional Discharge Instructions (continued)
